

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	08/812,616
	Filing Date	March 6, 1997
	First Named Inventor	Hans BOEHRINGER
	Art Unit	1641
	Examiner Name	C. L. Chin
	Attorney Docket Number	273102007800

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;  
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or  
☐ the practitioners of record associated with Customer Number: \_\_\_\_\_

**NOTE:** This immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)      | <input type="checkbox"/> 10.40(b)(4)                |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)      | <input type="checkbox"/> 10.40(c)(3)                |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6)      | Please explain below:                               |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☐ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer to new counsel.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.	<input checked="" type="checkbox"/> Inventor or Assignee Name	Judy Mohr, Ph.D., J.D. King & Spalding LLP		
Address	1000 Bridge Parkway Suite 100			
City	Redwood Shores	State	CA	Zip 94065
				Country U.S.A.
Telephone	(650) 590-0700		Email	jmohr@kslaw.com
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature	/Kate H. Murashige/			
Name	Kate H. Murashige		Registration No.	29,959
Address	Morrison & Foerster LLP 12531 High Bluff Drive, Suite 100			
City	San Diego	State	CA	Zip 92130-2040
				Country US
Telephone	(858) 720-5100		Email	
Date	August 13, 2008		Telephone No.	(858) 720-5112
NOTE: Withdrawal is effective when approved rather than when received.				